DEPARTMENT OF CORRECTIONS

PUBLIC SAFETY & TRUST

TRAINING OPERATIONS PROCEDURE GUIDE

Created By The Staff Development & Training Bureau

November 2007

DEPARTMENT OF CORRECTIONS
PUBLIC SAFETY & TRUST

TRAINING OPERATIONS PROCEDURE GUIDE

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DEPARTMENT OF CORRECTIONS
DEPARTMENT TRAINING OPERATION PROCEDURE GUIDE

As of March 28, 2007, DOC Policy 1.4.1 states that administrators will develop annual training plans to ensure employees complete applicable mandatory and in-service training necessary to develop or maintain minimum job competencies. This policy also requires administrators establish minimum training requirements, including a necessary minimum number of hours to meet specific program accreditation or preference requirements. Training Plans will be submitted to the Department Staff Development and Training Bureau annually on a *Fiscal Year* basis (July 01 – June 30).

TRAINING PLANS:

Program Annual Training Plans:

	PROCEDURE:		RESPONSIBILITY:
1	Utilizing the Department Annual Training Plan, coordinate with Division Training Coordinator and/or Standing Training Committee Representative(s) annually to establish a Program Annual Training Plan as per DOC Policy 1.4.1.		Division Administrator
2	Submit Training plan to Staff Development and Training Bureau Chief for approval.		Division Administrator
3	Review Program Annual Training Plan to ensure it complies with DOC Policy 1.4.1, the Department’s Annual Training Plan, and changes in POST, ACA, or any other accrediting body. Provide Technical Assistance to Program Administrator if necessary.		Training Bureau Chief
4	File Program Annual Training Plan with the Staff Development and Training Bureau Records Manager.		Training Bureau Chief

Individual Employee Training Plan:

	PROCEDURE:		RESPONSIBILITY:
1	Utilizing the Department Annual Training Plan and Program Annual Training Plan, coordinate with Employee annually to establish an Individual Employee Training Plan as per DOC Policy 1.4.1.		Supervisor/ Employee
2	Submit the Employee Training Plan to the Division Administrator for approval		Supervisor
3	Review the Employee Training Plan to ensure that it complies with the Program Annual Training Plan and DOC Policy 1.4.1. Once approved, submit to the Training Bureau Chief for final approval.		Division Administrator
4	Individual Employee Training Plans shall be a written part of the employee’s annual performance review.		Supervisor
5	Provide technical assistance as necessary to the Supervisor, Employee, or Administrator in developing the Employee Training Plan.		Staff Development and Training Bureau Staff.

DEPARTMENT OF CORRECTIONS
PUBLIC SAFETY & TRUST

EMPLOYEE DEVELOPMENT & TRAINING PLAN

Employee Name: ____

Position: ____

Bureau: ____

Effective Dates: From ____________________ To ____________________

Required Training Hrs: ____________________________________

Mandatory Training

Training Courses:

____
____
____
____
____
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____
____

Optional/Interest Areas:

____
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____
____

Supervisor: __________________________ Date: ____________________

Word form version:
http://mycor/Human_Resources/Training/SchedulesAnnouncementsandForms/Employee%20Training%20Plan.doc

When requesting to attend a training course, accurately complete and submit a Training Request form with documentation attached.

TRAINING REQUEST FORM:

1. Employees are responsible to ensure they meet all training mandates and requirements and will:
    a. Seek out educational and training opportunities to enhance personal and professional growth.
    b. Accurately complete and submit Training Request forms and associated documentation to ensure credit is received for training completed, this includes full name, employee ID number, and work place locations, as specified.
    c. Attend training for which they have been scheduled or registered to attend. If for any reason they will not be in attendance it is their responsibility to notify their immediate supervisor and their Division/Facility/Program Training Specialist or the Department Staff Development & Training Bureau. Employees are responsible for ensuring that their training reservations have been cancelled.
    d. Employees who terminate their employment with the Department within 12 months of completing a course for which they received financial assistance are responsible for making full repayment of the funds to the Department.

	PROCEDURE:		RESPONSIBILITY:
1	The *Training Request Form* is completed and submitted to Immediate Supervisor. The completed training brochure or a copy of the training announcement must be attached. You must justify why you need the training and how it would benefit your position and the department. All out of state travel must be approved by the Director, unless it is paid by supervision fess. In these cases, out-of-state travel must be approved by the Community Corrections Division Administrator.		Employee
2	Training request is reviewed, approved/disapproved based upon training relevancy, need for training and budget status. If approved, form is forwarded to the Bureau Chief or Division/Facility/Program Administrator. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Immediate Supervisor

3	Training request is reviewed and approved/disapproved based upon training relevancy; need for training and budget status. *For **Out-of-State** training, proceed to **step #4**. For **In-State** training proceed to **step #9**.*		Bureau Chief Division/Facility/Program Administrator
4	***Out-of-State Training:*** If approved by the Administrator, form is forwarded to the Training Coordinator/Officer. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Bureau Chief Division/Facility/Program Administrator
5.	If approved by the Training Coordinator/Officer, form is forwarded to the Division's Budget Analyst. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Training Coordinator/ Officer
6	Out-of-State Training Request Form is reviewed to determine if the resources are available to pay for the proposed training, travel, per diem, etc. If approved, form is forwarded to the Training Bureau Chief. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Division Budget Analyst
7	Out-of-State Training Request Form is reviewed to determine training relevancy, need for training and to ensure the training is not offered in-state. If approved, form is forwarded to the Director for final approval. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Training Bureau Chief
8	Approve/Deny out-of-state training request and return to DOC Training Bureau. If a travel advance has been requested, original Training Request Form is submitted to Accounting and copy to the Training Bureau.		Director's Office
9	***In-State Training:*** If approved, form is forwarded to the Training Coordinator/Officer. If disapproved, form is forwarded to the DOC Training Bureau for permanent record filing.		Bureau Chief Division/Facility/Program Administrator
10	Notifies employee of approval/disapproval. A copy of training request is sent to employee & Training Coordinator/ Officer, reflecting approval/disapproval of the training. Original training request is routed to the DOC Training Bureau Records Manager.		Training Coordinator/Officer
11	Makes registration and payment arrangements. (The employee may register themselves and make payment, if verbal approval has been received).		DOC Training Bureau Records Manager
12	Responsible for travel and accommodation arrangements. If travel advance is needed, must fill out the appropriate section of the *Training Request form* at least two weeks prior to payroll and forward to Accounting.		Employee

13	Responsible to send copy of completion certificate or completed Self Study – Non-Department Sponsored Training Report with course agenda and supporting documents.		Employee
14	Maintains SABHRS training database and training records. Records include name of staff person, date of training, course name, and number of training hours. Records will be maintained for a calendar year from January through December of each year.		DOC Training Records Manager
15	Employee is to submit their travel expenses including motel room, per diem eating expenses, etc. via *Travel Expense Voucher* to receive reimbursement for training costs if the employee did not receive a travel advance. If the travel advance amount did not cover the actual expenses, the employee will submit the *Travel Expense Voucher* to indicate the difference. If the employee was given a travel advance and the actual training costs were less than the amount received, the employee will make arrangements with the Fiscal Bureau to reimburse the Department the difference.		Employee

Training Request Form: http://mycor/DOCPolicies/Unrestricted/1-4-1%20Training%20Request%20Form.xls

THE GREAT SEAL OF THE STATE OF MONTANA

DEPARTMENT OF CORRECTIONS

TRAINING REQUEST FORM

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1. Employee Name: ______________________ Employee ID #: ________ Work Location: ____________

2. Division/Department/Title: ____

3. Workshop / Training Title: ______________________ Location: ____________

4. Training Start Date ____________ End Date ____________ Training Hours ________

5. ☐ Training / Education Leave ☐ Out-Of-State Travel

6. **Registration:** Did you register yourself? ☐ Yes ☐ No MUST attach completed Workshop registration form.

Do you need the department to register you? ☐ Yes ☐ No MUST attach completed Workshop registration form.

Date registration completed: ____________ Completed by: ____________________

IN STATE TRAVEL		OUT-OF-STATE TRAVEL	
Lodging	$70.00 plus tax year round with receipt/unless high cost county $12.00 Without Receipt	Lodging	Federal Room rates. $12.00 Without Receipt.
Breakfast	$ 5.00 Must Leave your Work Location Before 7 am	Breakfast	$7.00
Lunch	$ 6.00 If Arrive After 12:00 Noon	Lunch	$11.00
Dinner	$12.00 Must Arrive At Work Location After 6 pm	Dinner	$18.00

7. Estimated Expenses: Registration: ________ Lodging: ________ Other: ________

Transportation: ________ Meals: ________ Total: ________

P/P Bureau Only: Training paid using Supervision fees ☐ Yes ☐ No

8. **Travel Advance Needed?** ☐ Yes ☐ No **Amount Needed:** ____________ *30 day advance notice is necessary for ALL travel advances.*

9. **Organization Center No:** ____________ *This must be completed or your request form will be returned.*

1 ______________________
Employee Signature Date

2 ______________________ ☐ Yes ☐ No
Immediate Supervisor Signature Date

3 ______________________ ☐ Yes ☐ No
Administrator's Signature Date

4 ______________________ ☐ Yes ☐ No
YSD Administrator Signature Date
YSD Saff Only

5 ______________________ ☐ Yes ☐ No
Training Coordinator Signature Date

6 ______________________ ☐ Yes ☐ No
Budget Bureau Signature Date
Required for Out-of-State Travel

7 ______________________ ☐ Yes ☐ No
Staff Development Bureau Chief Signature Date
Required for Out-of-State Travel

8 ______________________ ☐ Yes ☐ No
Director's Signature Date
Required for Out-of-State Travel

Comments:

Accurately complete and submit Self Study – Non-Department Sponsored Training Report and associated documentation to ensure credit is received for completed training.

INDEPENDENT STUDY – NON-DEPARTMENT SPONSORED TRAINING REPORT

1. Employees are responsible to ensure they meet all training mandates and requirements and will:
    a. Seek out educational and training opportunities to enhance personal and professional growth.
    b. Accurately complete and submit, Independent Study Report and associated documentation to ensure credit is received for training completed, this includes full name, employee ID number, and work place locations, as specified.
    c. Attend training for which they have been scheduled or registered to attend. If for any reason they will not be in attendance it is their responsibility to notify their immediate supervisor and their Division/Facility/Program Training Specialist or the Department Staff Development & Training Bureau. Employees are responsible for ensuring that their training reservations have been cancelled.
    d. Employees who terminate their employment with the Department within 12 months of completing a course for which they received financial assistance are responsible for making full repayment of the funds to the Department.

	PROCEDURE:		RESPONSIBILITY:
1	If the employee completes any training, outside the normal Department options, (i.e. training received outside the Department and job that is applicable to their job duties, participating in VHS, DVD or CD training, etc.), employee completes the *Independent Study Report* and submits to immediate supervisor for approval/disapproval.		Employee
2	*Independent Study Report* is forwarded to Immediate Supervisor for approval/disapproval.		Immediate Supervisor Regional Administrator/POII
3	*Independent Study Report* is forwarded to Personnel Officer for approval/disapproval, if the employee completes a training course that is in compliance with a		Personnel Officer

	corrective action plan. The form is then forwarded to Training Coordinator/Officer for approval/disapproval or to the DOC Training Bureau Records Manager for permanent record filing.		
3	*Independent Study Report* is forwarded to Training Coordinator/Officer for approval/disapproval. If approved/disapproved, form is forwarded to the DOC Training Bureau Records Manager for permanent record filing.		Training Coordinator/Officer
4	Maintains SABHRS training database and training records. Records include name of staff person, date of training, course name, and number of training hours. Records will be maintained for a calendar year from January through December of each year.		DOC Training Bureau Records Manager

Independent Study Form: http://cor.mt.gov/Resources/Training/IndependentStudyReport03-2007.doc

Department of Corrections

Independent Study
Report

Name: ____________________ **Date:** ____________________

Employee ID #: ____________________ **Work Location:** ____________________

Address: ____________________ **Phone #:** ____________________

Subject Reviewed/Course Attended: ____________________

Author or Instructor: ____________________

Date Reviewed: ____________________ **Hours:** ____________________

Summarize the information reviewed or presented and provide a brief description of how you intend to apply the information [OR] attach the course agenda and supporting documents, i.e handouts, note guides. (Please use additional pages if necessary.)

Employee Signature	Date			Supervisor Signature	Date	☐ yes	☐ no
Personnel Officer *(If applicable)*	Date	☐ yes	☐ no	Training Officer Signature	Date	☐ yes	☐ no

If your supervisor approves the independent study report for entry into your training record, return this form and supporting documentation to the Training Bureau, 600 Conley Lake Road; Deer Lodge, MT 59722.

If this independent study report is part of a personnel issue please submit the form to Personnel for approval before returning the form to the Training Bureau. If you have any questions please call (406) 846-1320 ext. 2307.

03/2007

Accurately complete and submit Coaching Form and associated documentation to ensure credit is received for completed in-service training.

COACHING FORM:

1. Employees are responsible to stay current with correctional practices and will:
   a. Stay knowledgeable and compliant with current policy and procedure.
   b. Accurately complete and submit Coaching form and associated documentation to ensure credit is received for training completed, this includes full name, employee ID number, and work place location, subject coached, coach name and minutes/hours.

	PROCEDURE:		RESPONSIBILITY:
1	The *Coaching Form* is completed by the coach, with the performance objectives listed and a brief outline of the materials covered. The form is forwarded to the employee for review and signature.		Coach
2	The *Coaching* Form is reviewed and signed by the employee. Completed form is forwarded to the DOC Training Records Manager for permanent record filing.		Employee
3	Maintains SABHRS training database and training records. Records include name of staff person, date of training, course name, and number of training hours. Records will be maintained for a calendar year from January through December of each year.		DOC Training Records Manager

Coaching Training Form:
http://mycor/Human_Resources/Training/SchedulesAnnouncementsandForms/Coach%20Training%20Form.doc

Department of Corrections
Coach Training Form

Employee Name: ____________________ **Date:** ____________________

Employee ID# ____________________ **Work Location:** ____________________

Subject Coached: ____

Coach Name: ____________________ **Minutes/ hours:** ____________________

What learned skills is the individual, being coached, able to perform at the end of this coaching session (list Performance Objectives of the coaching session). Following the Performance Objective include a very brief outline of the materials covered.

Performance Objective Example #1: Mary Jane Doe is able to thoroughly complete a clothed body search and safely apply leg irons and handcuffs for transportation.

Performance Objective Example #2: John Doe is able to accurately enter offender movements into ACIS/PROfiles.

Employee Signature: Date: Coach Signature: Date:

12/2005

Each lesson plan developed for the Department of Corrections must utilize the Instructional Theory Into Practice (ITIP) format. Remember that lesson plans using this format are written and designed so that any competent instructor with the required knowledge and background can instruct the lesson.

When developing a DOC lesson plan, DOC Standing Training Committee Members or staff assigned to write the lesson plan must do the following:

DEVELOPING A LESSON PLAN:

	PROCEDURE:		RESPONSIBILITY:
1	When writing a lesson plan for the Department of Corrections, you must use the ITIP format as outlined in the "ITIP Lesson Plan Outline."		STC Member or staff member writing the lesson plan.
2	After completion of the lesson plan, forward it to the SDT Bureau Chief for approval.		STC Member
3	After review by the SDT Bureau Chief, the lesson plan will then be sent to Legal staff for review or returned to the author for suggested changes. If approved and sent on to Legal go to step 5 below.		STD Bureau Chief
4	If the lesson plan is returned to the author for changes, the author will make the necessary changes and return it back to the STD Bureau Chief (see step 2 above).		STC Member or staff member writing the lesson plan.
5	After review from Legal the lesson plan will be sent back to the author with approval or suggested changes. If approved go to step 6, if changes are needed, make changes and then go back to step 2 above.		STD Bureau Chief
6	Instruct course from lesson plan.		STC Member or staff member who wrote the lesson plan.

ITIP Lesson Plan Outline:
http://mycor/Human_Resources/Training/SchedulesAnnouncementsandForms/Lesson%20Plan.doc

MONTANA DEPARTMENT OF CORRECTIONS
LESSON PLAN

COURSE TITLE: ______________________________

LESSON TITLE: ______________________________

ASSOCIATED LESSON TITLES: *Note:*

DATE: ______________

PREPARED BY: ______________________ **REVISION DATE:** ______________

TIME FRAME	**PARAMETERS**
____ **HOURS** ____ **MINUTES**	**AUDIENCE:**
	NUMBER:
	SPACE:

TRAINING GOAL

PERFORMANCE OBJECTIVES	**EVALUATION TECHNIQUE**
Upon completion of this designated training block the student will be able to: •	

Comment [!1]: Instruction comments are in yellow and numbered. Ensure that you read all of the comments. Often several comment numbers are grouped together. The comments and the yellow highlighting do not print. Even though text may seem mis-aligned after some comments, it most likely is not. Use the Print Preview command to view to judge misalignment. To utilize the comments, just place your mouse pointer over the comment indicator and read the comment.

Comment [!2]: Input course title here (ie. CDOB #25, Support Staff Basic, September 2, 1998, etc.)

Comment [!3]: Input lesson title here.

Comment [!5]: Input special notes here.

Comment [!4]: Input associated lesson titles here.

Comment [!6]: Month Day, Year

Comment [!7]: Input preparer's name here.

Comment [!8]: Input date of revision (Month Day, Year). If no revision, type Original.

Comment [!9]: Input hours (ie. 02) and minutes (ie. 30).

Comment [!10]: Insert audience to right. Be specific, the more you know about your audience, the better you can prepare your presentation method.

Comment [!11]: Input number of students to right.

Comment [!12]: Input Classroom size and special needs to right.

Comment [!13]: Input Training Goal Here. What is the intent of this lesson. What are we trying to get the students to achieve from this class.

Comment [!14]: Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

Comment [!15]: Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

INSTRUCTOR MATERIALS

___ OVERHEADS ________ Through ________

___ SLIDES
TITLE(S) ________________

___ POSTERS
TITLE(S) ________________

___ COMPUTER DISKETTES
TITLE(S) ________________

___ VIDEO TAPES _____ LENGTH (in minutes)
TITLE(S) ________________

___ OTHER (SPECIFY)

REFERENCE DOCUMENTS REQUIRED ON-HAND

1.

EQUIPMENT / SUPPLIES NEEDED

___ EASEL PAD & STANDS
___ EASEL PAD MARKERS
___ EASEL PADS _____ (# NEEDED)
___ MASKING TAPE
___ SLIDE PROJECTOR (CAROUSEL)
___ OVERHEAD PROJECTOR
___ PROJECTOR SCREEN
___ VIDEOTAPE PLAYER
___ VIDEO CAMERA

___ TELEVISION(S)
___ VIDEO SHOW
___ LCD PROJECTOR
___ COMPUTER
___ WHITE BOARD
___ WHITE BOARD MARKERS/ERASER
___ TRANSPARENCY MARKERS
___ OTHER (SPECIFY)

("X" is required equipment, "O" is optional equipment. Input number, if necessary)

STUDENT HANDOUTS

# NEEDED	TITLE
•	•

Comment [!16]: List reference documents required on-hand here. Auto-numbered bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

Comment [!17]: Input slide numbers (ie. T-ICG-1) in the above blanks.

Comment [!18]: Insert slide presentation title below.

Comment [!19]: Insert poster title below.

Comment [!20]: Insert computer diskette title below.

Comment [!21]: Insert length in minutes (ie. 180)

Comment [!22]: Input video tape title above.

Comment [!23]: Input any other pertinent training equipment here.

Comment [!24]: Input number of easel pads needed above.

Comment [!25]: Specify any other equipment or supplies needed here.

Comment [!26]: Input number needed in left column (number of students plus instructor/observer). Input Title in column below. Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

METHODS / TECHNIQUES

Comment [!27]: Input Methods Techniques Here. Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

•

REFERENCES

The following books and other materials are used as a basis for this lesson plan. The instructor should be familiar with the material in these reference documents to effectively teach this module.

TITLE	**AUTHOR**
•	•

Comment [!28]: Input Title Here. Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

Comment [!29]: Input Author Here. Auto-bulleted list in effect. Type the entry, press the Enter key, type the next entry, press the Enter key…

GENERAL COMMENTS

In preparing to teach this material, the instructor should take into consideration the following comments or suggestions.

Comment [!30]: Input General Comments here. These comments should include any instructions to trainer which might benefit in preparing or presenting this lesson.

➢

LESSON PLAN

TITLE:

PRESENTATION GUIDE	TRAINER NOTES

Comment [!31]: Note: If more pages are needed, continue typing and a new page will appear (the column will continue over onto the next page) or move the cursor to the Trainer Notes column and press the Tab key to create a new blank page.

Comment [!32]: To make an outline format, select the Format Menu, Bullets and Numbering…, and select Outline Numbered.

Comment [!33]: Following is the general outline for the standardized lesson plan.

I. ANTICIPATORY SET

This segment is designed to create interest in the topic. The anticipatory set answers the questions "Why am I here?" and "What am I going to get out of this training?"

II. INPUT/GUIDED PRACTICE

This segment is the meat of the lecture. Should be 30% Input, 70% Guided Practice. This is the preferred learning style of the adult learner

III. INDEPENDENT PRACTICE

This segment instructs the student in independent practice of the concepts he/she then receives feedback or evaluation from the instructor or other evaluator. This could be in the form of homework, OJT, back on the job, practice exercises, etc.

IV. EVALUATION / CLOSURE

This segment is a summary of the training, keying on the main points. Input Trainer Notes here. Notes should include items such as transparency numbers, special instructions or precautions, additional information, or reference materials, etc. Place these notes opposite of the topics which they refer to by using the Enter key to space them out.

Comment [!34]: Input Trainer Notes here. Notes should include items such as transparency numbers, special instructions or precautions, additional information, or reference materials, etc. Place these notes opposite of the topics which they refer to by using the Enter key to space them out.

MONTANA DEPARTMENT OF CORRECTIONS
LESSON PLAN

COURSE TITLE: ______________________________

LESSON TITLE: ______________________________

ASSOCIATED LESSON TITLES:

Note:

DATE: ____________

PREPARED BY: ______________________

REVISION DATE: ____________

TIME FRAME	PARAMETERS
____ **HOURS** ____ **MINUTES**	**AUDIENCE:**
	NUMBER: **SPACE:**

TRAINING GOAL

PERFORMANCE OBJECTIVES	EVALUATION TECHNIQUE
Upon completion of this designated training block the student will be able to: •	

INSTRUCTOR MATERIALS

___ OVERHEADS __________ Through __________

___ SLIDES
TITLE(S) ____________________________________

___ POSTERS
TITLE(S) ____________________________________

___ COMPUTER DISKETTES
TITLE(S) ____________________________________

___ VIDEO TAPES _____ LENGTH (in minutes)
TITLE(S) ____________________________________

___ OTHER (SPECIFY)

REFERENCE DOCUMENTS REQUIRED ON-HAND

1.

EQUIPMENT / SUPPLIES NEEDED

___ EASEL PAD & STANDS
___ EASEL PAD MARKERS
___ EASEL PADS _____ (# NEEDED)
___ MASKING TAPE
___ SLIDE PROJECTOR (CAROUSEL)
___ OVERHEAD PROJECTOR
___ PROJECTOR SCREEN
___ VIDEOTAPE PLAYER
___ VIDEO CAMERA

___ TELEVISION(S)
___ VIDEO SHOW
___ LCD PROJECTOR
___ COMPUTER
___ WHITE BOARD
___ WHITE BOARD MARKERS/ERASER
___ TRANSPARENCY MARKERS
___ OTHER (SPECIFY)

(“X” is required equipment, “O” is optional equipment. Input number, if necessary)

STUDENT HANDOUTS

# NEEDED	TITLE
•	•

METHODS / TECHNIQUES

-

REFERENCES

The following books and other materials are used as a basis for this lesson plan. The instructor should be familiar with the material in these reference documents to effectively teach this module.

TITLE	**AUTHOR**
•	•

GENERAL COMMENTS

In preparing to teach this material, the instructor should take into consideration the following comments or suggestions.

➢

LESSON PLAN

TITLE:

PRESENTATION GUIDE	TRAINER NOTES

The Department encourages staff with an interest, expertise or experience in a particular area to add to the professional development of the Department of Corrections by becoming staff instructors in those areas.

1) NEW INSTRUCTOR APPLICATION PROCESS:

a) Employees wishing to volunteer as an instructor shall contact the Division/Facility/Program Training Specialists for their location.

b) The following criteria will be used in determining approval/denial of a request to become a staff instructor and referral to the Department Staff Development & Training Bureau for registration into the next instructor development course.

   i) Possesses good verbal communication and presentation/facilitation skills.
   ii) Is willing to conduct courses in area of expertise.
   iii) Is recognized by peers and other staff as a credible professional.
   iv) Has received no major disciplinary actions within the last 24 months.
   v) Is not a current subject of an administrative investigation.
   vi) Currently has a work assignment that does not conflict with attending a Basic or Advanced Instructor Development course, completing the certification process and conducting assigned classes or maintaining Staff Instructor Certification.
   vii) Will be given permission and time to conduct training for staff.

c) Employees must complete a Basic Instructor Development course prior to attending an Advanced Instructor Development course. Advanced Instructor Development is intended for those trainers who have previous training experience, will be developing curriculum and have a basic knowledge of adult learning theory and presentation methods.

d) There is an expectation that employees who complete this process and become instructors will provide training to the staff at their work location and may be asked, on occasion, to provide training to other facilities/programs within the Department.

2) CERTIFICATION OF INSTRUCTORS:

a) Instructor applicants shall successfully complete a Basic or Advanced Instructor Development course approved by the Department and where applicable receive POST Instructor Certification prior to being given a class assignment.

    i) Applicants failing to successfully complete the Department approved instructor development course shall not be certified until they do so and shall repeat the course, if directed by the Division/Facility/Program Administrator.

    ii) All Specialty Instructors shall meet the requirements of instructor certification, in addition to any other required in-service training in the specialized area.

    iii) Criteria and procedures for obtaining and maintaining a P.O.S.T. instructor certificate are attached to this procedure and can also be found at: http://mbcc.mt.gov/POST/gettingcertified/Instrctr.pdf

	PROCEDURE:		RESPONSIBILITY:
1	Make a request to become a staff instructor to the Division/Facility/Program Training Specialists for their location.		Employee (instructor applicant)
2	Using the criteria listed above, approve or deny request and forward recommendation to the Division/Facility/Program Administrator		Division/Facility/Program Training Specialist
3	Approve/Deny request based on criteria listed above and refer to the Department Staff Development & Training Bureau for registration into the next available instructor development course.		Division/Facility/Program Administrator
4	Attend and successfully complete a Basic or Advanced Instructor Development Course approved by the Department and complete all assignments required for the course (i.e. Lesson plans, training plans, etc)		Employee
5	Where applicable, obtain certification for training. This may include P.O.S.T. certification if required or instructor certification from vendors (i.e. First aid, defensive tactics, firearms, etc.)		Employee
6	Provide copies of all certification(s) to the Department Staff Development & Training Bureau for entry into training records		Employee
7	Provide training as directed and maintain certifications as required by P.O.S.T. or specific program.		Employer

P.O.S.T. ORIGINAL INSTRUCTOR CERTIFICATE REQUIREMENTS

1. Submit an Instructor's Application and mark **Original**.
2. Must have at least one of the following:
    - Three years of experience in the specific field or subject matter (POST Council may waive this requirement).
    - A BA / BS or higher degree
    - If no degree must have a minimum of a high school / GED diploma
    - Complete 80 hours of DARE Training
3. Successfully complete a 40-hour instructor development course approved by POST.
4. Submit a sample lesson plan in applicants own words, doesn't have to be for the class they intend to instruct. Can be from the instructor development course. Must include:
    - Unit descriptions
    - Performance objectives
5. Applicant must have the endorsement of the agency or MLEA department head.
6. Original certification, if POST Council approved, is valid for **24 months**.

P.O.S.T. INSTRUCTOR RENEWAL CERTIFICATE REQUIREMENTS

1. Submit an Instructor's Application and mark **Renewal**.
2. A brief paragraph stating how the applicant has stayed current in each individual subject over the last 2 years including documentation such as:
    - Periodicals / training literature
    - Training classes / course titles / hours of training received by applicant
3. Include a list of courses that were taught by the instructor. The list should include:
    - Course title / schedule
    - Number of hours of course
    - Subject matter

- Location of courses that applicant taught
- Hours taught by applicant

DEPARTMENT OF CORRECTIONS
DEPARTMENT TRAINING OPERATION PROCEDURE GUIDE

When coordinating a training course, DOC Standing Training Committee Members must do the following:

COORDINATING A TRAINING COURSE:

	PROCEDURE:		RESPONSIBILITY:
1	Ensure that all training is in accordance with the annual training plan established for individual Department Facility/Programs. Any training to be conducted by out of Department vendors needs to be scheduled in consultation with the DOC Staff Development & Training Bureau and/or Division Administrator in order to maintain DOC standards and fiscal responsibility.		STC Member
2	Ensure that all DOC training courses have a current DOC approved lesson plan (follows ITIP philosophy). Outside vendors must submit at a minimum a training agenda and/or outline and instructor bio information to the STC Member and then be forwarded on to the DOC Training Records Manager.		STC Member
3	Notify DOC Training Records Manager 45 days prior to training that requires POST certification (see section on POST certifying courses) and 30 days prior to non-POST certified training that requires a DOC training announcement.		STC Member
4	Post training announcement within Facility/Program or on the DOC Training Calendar.		STC Member DOC Training Records Manager
5	Reserve adequate training space for each class in consultation with course instructor. Consult with assigned instructor in order to ensure all needed student materials/equipment are available.		STC Member
6	Make sure that all needed training supplies/equipment are on hand and that the class space is prepared for the training a minimum of 30 minutes prior to the class.		STC Member
7	At the beginning of the class, introduce guest instructor and go over all paperwork that students will need to fill out ie; DOC Roster, POST Roster, time sheets, etc.		STC Member
8	If needed, monitor ongoing progress of the class. This should only be needed if you are using an outside vendor and only when asked to do so or for security reasons.		STC Member or designee

9	At the conclusion of training, ensure that students have filled out and signed appropriate rosters, class evaluations and time sheets as necessary.		STC Member
10	Handout class certificates if applicable.		STC Member Outside Vendor if applicable
11	Clean up class facilities as required.		STC Member
12	Forward DOC Training Roster, POST Roster and Course Evaluations to the DOC Training Records Manager within 7 days of the completion of the training including weekends/holidays.		STC Member

When POST certifying a training course, DOC Standing Training Committee Members must do the following:

POST CERTIFYING A TRAINING COURSE:

	PROCEDURE:		RESPONSIBILITY:
1	Request POST certification of a particular training course a minimum of 45 days in advance of the scheduled training. Send request to the DOC Training Records Manager for DOC sponsored courses which includes outside vendors. Requests must include Instructor Bio's and lesson plans (in ITIP format) and/or agenda if an outside vendor is being used.		STC Member
2	Produce training announcement to go out to the Department, all agencies through the POST network and on the DOC Training Calendar.		DOC Training Records Manager
3	At the beginning of the class have the students fill out the POST Roster (see attached POST Roster). Note that POST still requires participant SSN for tracking purposes.		STC Member
4	Ensure that roll call is taken at the beginning of the class and at the midday break (if applicable) and note on the POST Attendance Roster (see attached POST Attendance Roster). Note that this is in addition to the POST Roster.		STC Member
5	At the conclusion of the training, ensure that the POST Roster and Post Attendance Roster are complete and collect class evaluations. Note that students must turn in a class evaluation.		STC Member
6	Forward completed forms to the DOC Training Records Manager.		STC Member
7	Enter information from Roster into POST Data Base, produce POST certificates and mail them out to participants.		DOC Training Records Manager

When coordinating a distance education course, DOC Standing Training Committee Members must do the following:

COORDINATING A DISTANCE EDUCATION COURSE:

	PROCEDURE:		RESPONSIBILITY:
1	Ensure that all training is in accordance with the annual training plan established for individual Department Facility/Programs. Any training to be conducted by out of Department vendors needs to be scheduled in consultation with the DOC Staff Development & Training Bureau and/or Division Administrator in order to maintain DOC standards and fiscal responsibility.		STC Member
2	Ensure that outside vendors submit at a minimum a training agenda and/or outline and instructor bio information to the STC Member and then be forwarded on to the DOC Training Records Manager. If using the *Video Conferencing Services* you must refer to the SPOC Meeting Guide. If using *GoTo* Conferencing you must test your computer to ensure that you have the correct settings. If you do not have the correct settings, you must contact the Help Desk to open a work order.		STC Member
3	Notify DOC Training Records Manager 45 days prior to training that requires POST certification (see section on POST certifying courses) and 30 days prior to non-POST certified training that requires a DOC training announcement.		STC Member
4	Post training announcement within Facility/Program or on the DOC Training Calendar.		STC Member DOC Training Records Manager
5	Reserve adequate training space for each class in consultation with course instructor. Consult with assigned instructor in order to ensure all needed student materials/equipment are available.		STC Member
6	Make sure that all needed training supplies/equipment are on hand and that the class space is prepared for the training a minimum of 30 minutes prior to the class.		STC Member

7	At the beginning of the class, go over all paperwork that students will need to fill out ie; DOC Roster, POST Roster, time sheets, etc.		STC Member
8	If needed, monitor ongoing progress of the class. This should only be needed if you are using an outside vendor and only when asked to do so or for security reasons.		STC Member or designee
9	At the conclusion of training, ensure that students have filled out and signed appropriate rosters, class evaluations and time sheets as necessary.		STC Member
10	Handout class certificates if applicable.		STC Member Outside Vendor if applicable
11	Clean up class facilities as required.		STC Member
12	Forward DOC Training Roster, POST Roster and Course Evaluations to the DOC Training Records Manager within 7 days of the completion of the training including weekends/holidays.		STC Member

When filling out the DOC Training Roster, DOC Standing Training Committee Members must ensure the following:

TRAINING ROSTER:

	PROCEDURE:		RESPONSIBILITY:
1	Obtain the most current DOC Training Roster form from the DOC Training Bureau or DOC computer I-drive. Make only enough copies to satisfy anticipated need for the upcoming year. This will help in keeping old copies from being used when there has been changes made in the new form.		STC Member
2	At the beginning of each class, pass out the roster to students.		STC Member or designee
3	Students must fill out the form completely including printed name, work location or facility/agency mailing address, signature, State employee ID number. You must ensure that all State employee ID numbers are on the roster or the roster will be sent back to you for completion.		STC Member or designee
4	The training roster will be forwarded to the DOC Training Records Manager for permanent record filing.		STC Member or designee
5	Maintains SABHRS training database and training records. Records will be maintained for a fiscal year from July 1 through June 30.		DOC Training Records Manager

Training Roster: *http://cor.mt.gov/resources/Training/trainingroster.pdf*

State of Montana
Department of Corrections
TRAINING ROSTER

Course Title: ______________________ P.O.S.T. Number: ______________________

Name of Presenter(s): ______________________

Location: ______________________

Number of Hours: ______________________ Dates: ______________ ______________

Beginning Date End Date

1

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

2

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

3

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

4

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

5

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

6

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

7

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

8

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

9

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

10

Print Name Signature State ID Number

Work Location/Division or Outside Agency Work Location Mailing Address City State Zip

DEPARTMENT OF CORRECTIONS
DEPARTMENT TRAINING OPERATION PROCEDURE GUIDE

General Information: Basic Training Programs Enrollment Procedure.

TITLE: Corrections Officer Basic-Probation/Parole Officer Basic-Juvenile Detention Officer Basic

Policy Statement: All Contact Staff must complete a minimum of 120 hours, position applicable, Basic Training within six months of hire or as soon there after as the course is offered.

	PROCEDURE:		RESPONSIBILITY:
1	Contact specific Basic Training Coordinator- COB-Program Manager-MT Law Enforcement Academy. P/P Training Coordinator-DOC. JCDOB Training Coordinator-DOC.		Administrator or Training Specialist.
2	Request reservation and enrollment packet from specific training program coordinator, at a minimum; 45 days in advance of next class.		Administrator or Training Specialist.
3	Ensure all information in packet is completed by attending officer. Expedite all completed paperwork to specific Basic Training Coordinator to ensure enrollment by dates indicated on forms.		Administrator or Training Specialist
4	Provide Attending Officer with manual (if applicable), location, time/date and materials required for specific Basic Course.		Administrator or Training Specialist.
5	Forward Hire/Termination Form to POST, to ensure registration and certification.		Administrator or Training Specialist.
6	Upon arrival for Basic course, all attendees will sign an attendance form which is forwarded to POST for accurate attendance and certification.		Specific Basic Training Coordinator.
7	During Orientation, all students will be notified of Student Code of Conduct and made aware of academic requirements for the Basic Course.		Specific Basic Training Coordinator.
8	Attendance, Academic and Personnel Issues will be handled via DOC Policies/Procedures of progressive discipline. If there is a situation, Administrative personnel and DOC Human Resources within that Division will be notified immediately.		Specific Basic Training Coordinator
9	Basic Training Coordinator will maintain all records of attending officers which includes overall grades and Performance level.		Specific Basic Training Coordinator.
10	Request of overall academic performance can be requested via electronically or fax.		Specific Basic Training Coordinator.

DEPARTMENT OF CORRECTIONS
DEPARTMENT TRAINING OPERATION PROCEDURE GUIDE

The Department of Corrections is committed to establishing quality Field Training Officer and Evaluation Programs for newly assigned Correctional Officers, Drill Instructors, and Parole and Probation Officers. This program is to be used for the mentoring of new officers and to provide specific training on the skills and abilities required of new officers.

FIELD TRAINING OFFICER PROGRAM (FTO):

	PROCEDURE:		RESPONSIBILITY:
1	Establish a formal FTO Program that meets the needs of the division/facility.		Program/Facility Administrator
2	Submit the FTO plan to the Human Resources Bureau Chief and Staff Development and Training Bureau Chief		Program/Facility Administrator
3	Approve/ Deny/ Provide technical assistance on the FTO plan and submit to the program/facility Administrator		HR Bureau Chief/ Staff Development & Training Bureau Chief
4	Upon approval of the FTO Program plan, Field Training Officers will be selected based on job performance, training ability and potential for supervision.		Program/ Facility Administrator or designee.
5	Notify HR of appointment to FTO assignment		Program/ Facility Administrator or designee.
6	Provide FTO training to new FTOs		Staff Development & Training Bureau
7	Assign new employees an FTO to begin the program		Employee Supervisor
8	Each facility/ program will establish a quality assurance program that will address quality of the training materials, quality of instruction, quality of trainees, and FTO performance.		Program/ Facility Administrator

The Department encourages its employees to improve their job skills through participation in seminars, conferences, professional meetings and professional education programs for additional formal education. Total funding, partial funding, and/or administrative leave may be available when funds are available and if approved in advance by the immediate supervisor and the division/facility/program administrator.

NON-DEPARTMENT TRAINING (Professional Education and Seminars):

1) PROFESSIONAL/HIGHER EDUCATION:

a) An employee may apply for payment of tuition by completing a Training Request form (see Training Request Form Procedure). If the request to is approved, payment shall be made only after successful completion of the course. Employee's tuition assistance requests shall be processed on a semester-by-semester basis (one semester at a time) due to budget constraints.
  i) Only full-time employees of the Department are eligible to apply for tuition assistance
  ii) Tuition reimbursement shall be subject to the availability of funds.
  iii) Courses shall meet the following criteria in order to be eligible for payment:
    (1) Be offered by a college or university whose accreditation is recognized by the Council of Higher Education Accreditation (CHEA).
    (2) Be directly related to the employee's ability to perform in his/her current position, to a degree program related to the employee's current position, or to Department promotional opportunities.
    (3) Employee initiated reimbursement may be paid up to a maximum of 90% of the tuition.
  iv) Professional Education Assistance Restrictions
    (1) No reimbursement shall be made for books or supplies or registration related fees.
    (2) When tuition/registration fees are covered, or an applicant is eligible for coverage by Veteran's benefits, fellowship, scholarships, grants, or similar programs, the applicant shall only be eligible to receive the difference between the tuition assistance amount and the amount of the assistance covered by other means. Assistance for Department mandated professional education will be paid up to 100% of the tuition, registration fees, books and supplies.

    (3) Employees who terminate their employment with the Department within 12 months of completing a course for which they received educational assistance are responsible for making full repayment of the funds to the Department.

v) Prior to approving reimbursements for Supplemental Training Division/Facility/Program Administrators shall be responsible for ensuring availability of funds.

    (1) If disapproved, the administrator will return the original Request for Training/Education Leave form to the applicant with comments stating reasons for the disapproval; and forward a copy to the Staff Development and Training Bureau.

vi) Upon completion proof of attendance (e.g., a completion certificate) shall be sent to the Department Staff Development and Training Bureau for entry into the Trainings Records System.

	PROCEDURE:		RESPONSIBILITY:
1	Complete request for tuition assistance for Professional Education using the Training Request Form and submit to immediate supervisor.		Employee
2	Based on criteria stated above and the merits of the request, approve or deny request and submit to Division/Facility/Program Administrator.		Immediate Supervisor
3	Based on criteria stated above and availability of funds, approve or deny request. If *approved*, submit to the Director for final approval. If *denied,* return the original Training Request Form to the applicant with comments stating reasons for the disapproval; and forward a copy to the Staff Development and Training Bureau.		Division/Facility/Program Administrator
4	Review application, justification and availability of funds for final approval. Return the original Training Request Form to the applicant with comments stating reasons for the approval/disapproval; and forward a copy to the Staff Development and Training Bureau.		Director
5	Upon completion of education, proof of attendance (e.g., a completion certificate or transcript) shall be sent to the Department Staff Development and Training Bureau for entry into the Training Records System.		Employee

2) SEMINARS, CONFERENCES AND PROFESSIONAL MEETINGS:

a) Employees wishing to attend non-department training must submit a Training Request Form (see Training Request Form Procedure).

b) Employees canceling attendance at a requested training must notify the Department Staff Development and Training Bureau.

c) Requests shall be submitted for approval or denial no less than **30 days** prior to the training/workshop/seminar.

d) Upon completion, proof of attendance (see *Self Study – Non-Department Sponsored Training Report* procedure) shall be sent to the Department Staff Development and Training Bureau for entry into the Training Records System.

	PROCEDURE:		RESPONSIBILITY:
1	Complete request for non-department training using the Training Request Form, and submit to immediate supervisor.		Employee
2	Based on the merits of the request, approve or deny request and submit to Division/Facility/Program Administrator.		Immediate Supervisor
3	Based on the merits of the request and availability of funds, approve or deny request (see Training Request Form procedure) and forward a copy to the Staff Development and Training Bureau.		Division/Facility/Program Administrator
4	Upon completion of seminar, conference or professional meeting, submit a completed *Self Study – Non-Department Sponsored Training Report* to the Division/Facility/Program Administrator for approval. The *Self Study – Non-Department Sponsored Training Report* must be accompanied by either a certificate of training [OR] supporting documentation (eg. Agenda, handouts, etc) **and** a narrative of the training.		Employee
5	Based on criteria in the *Self Study – Non-Department Sponsored Training Report* procedure, approve or deny the report. If denial, return to employee for completion. If approved, forward to the Department Staff Development and Training Bureau for entry into the Training Records System.		Division/Facility/Program Administrator

DEPARTMENT OF CORRECTIONS
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Department employees are encouraged to participate in the training programs offered by the National Institute of Corrections (NIC). Because NIC covers the cost for the course, travel and lodging for most of their courses, this offers staff with a cost-effective, high-quality training opportunity. When seeking training through the National Institute of Corrections, employees must do the following:

NATIONAL INSTITUTE OF CORRECTIONS (NIC) ACADEMY:

1. NIC training schedules are available from the Department Staff Development & Training Bureau or on the NIC Web page at: www.nicic.org
2. Employees may nominate themselves for applicable seminars/courses by submitting a Department Training Request and a completed NIC application (see Form-A attached), including all required supplemental materials, through the chain of command, to the Department Staff Development & Training Bureau for forwarding to the Director for final approval.

	PROCEDURE:		RESPONSIBILITY:
1	The *Training Request Form* and NIC application (Form-A) are completed, along with any other required supplemental materials and submitted to Immediate Supervisor (*See Training Request Form Procedure)*		Employee
2	Staff will follow the *Training Request Form* procedure		Chain of Command
3	Once approved by the Director, the Department Staff Development & Training Bureau shall send the completed application to NIC for consideration.		Training Bureau Staff
4	Applicants selected by NIC are notified by mail approximately 45 days prior to the start date of the seminar/course		NIC
5	Make travel and lodging arrangements as instructed by NIC		Employee
6	Upon completion of the NIC course, the employee shall forward a copy of the course certificate to the Department Staff Development & Training Bureau for entry into the Training Records System.		Employee

NIC Form-A: *http://nicic.org/Downloads/ProgramForms/Form%20A.pdf*

National Institute of Corrections **Form A**

(This form may be duplicated.)

Application for Individuals

To apply, complete **(type or print legibly)** and sign this form, attach any supplementary statements required in the training program description, obtain the necessary endorsement, and mail or fax to the National Institute of Corrections, 1960 Industrial Circle, Longmont, CO 80501; fax 303–682–0469. **To receive full consideration, each item on both sides of this application must be completed and it must be received by the specified due date. Incomplete applications will be returned.** All applications will be acknowledged. Applicants accepted for participation will receive confirmation and additional information about the program.

Training program title ______________________________

Training program number ______________________________

For multiple program offerings, **I cannot** attend on the following date(s):

____

____

Name ______________________________

Mr. _______ Ms. _______ Mrs. _______

Social Security No. ______________________________

NOTE: Disclosure of your Social Security number is voluntary. NIC collects Social Security numbers as identifiers for records of training participants. Executive Order No. 9397.

Title ______________________________

Years in position ______________________________

Is your primary job responsibility staff training?

Yes _______ No _______

Agency ______________________________

Mailing address ______________________________

City ____________________ County ____________________

State ____________________ ZIP code ____________________

Telephone (____) ____________ Fax (____) ____________

E-mail ______________________________

Primary area of corrections (check one):

- ______ Adult jail
- ______ Adult community corrections
- ______ Adult prison
- ______ Other (explain): ____________________

Type of agency (check one):

- ______ Federal—Bureau of Prisons
- ______ Federal—Other
- ______ State
- ______ Indian Country—Bureau of Indian Affairs
- ______ Indian Country—Tribal
- ______ Regional
- ______ County
- ______ Municipal
- ______ U.S. commonwealth or territory
- ______ Foreign
- ______ Private

Agency/institution information:

Institution/facility population ____________________

or

Agency population ____________________

Total number of agency staff ____________________

Number of staff you supervise ____________________

If training program is for **team participation:**

- ______ Each team member must complete an application.
- ______ Each team member's individual supplementary information is attached.
- ______ Team members must be listed below.
- ______ All applications must be sent together.

Only one team supplement is required for all team members. List team members below:

____

____

____

If training program is for **individual participation:**

- ______ Attach the supplementary information required in the training program description.

I agree to

- ______ Fully participate in this program and will complete all pre- and posttraining assignments.
- ______ Reside at the training site (for Longmont programs) for the duration of the program.

Signature ______________________________

Date ______________________________

Endorsement of Application by Agency Chief Executive Officer

NIC will return as "incomplete" application forms that do not have the endorsement of the chief executive officer of the agency, as defined below.

- For **jails.** If the jail is under the sheriff, the sheriff must endorse the application. If not, the application must be endorsed by the chief executive officer of the local department of corrections.
- For **prisons.** The director or commissioner of the state department of corrections.
- For **community corrections.** The head of the agency, such as the chief probation officer, chairperson of the parole board, executive director of the agency, or director of the department of corrections, depending on the organizational structure of the agency.
- For **employees of the federal Bureau of Prisons.** Both the warden **and** the assistant director of human resource management at the central office.

Individuals from private organizations must submit with their application an endorsement letter from the chief executive officer (as defined above) of the public agency to which the private organization provides service. The endorsement letter *must verify that the private organization is contractually or statutorily required to deliver services to the corrections agency making the endorsement.*

Nomination/Endorsement

Nomination or endorsement must be made by the chief executive officer as defined above.

I recommend ____ for participation in the National Institute of Corrections training program for which this application is being submitted. This nomination is made on the basis that the candidate (individually or as a member of a team) will be in a position to effect improvement in our organization. The information provided is accurate and complete. I agree that if the participant in this training program develops an action plan for our agency, outcomes of the implementation will be provided on request to NIC to determine the impact of the training on our organization.

______________________________	______________	______________________________
Signature of chief executive officer	Date	Type or print name
______________________________		( ) ________________________
Title of chief executive officer		Telephone

Employee training records will be maintained by the Department Staff Development & Training Bureau in the State SABHRS system using an appropriate accountability system and in file cabinets.

TRAINING RECORDS:

	PROCEDURE:		RESPONSIBILITY:
1	An individual training record will be established for each employee. The record will include employee's name and State employee ID number. It will be an up-to-date, chronological list of all training successfully completed by the employee.		DOC Training Records Manager
2	Training records shall be updated at least monthly		DOC Training Records Manager
3	Employees may review their training record by contacting the DOC Training Records Manager in person, by email, written request, or telephone. Access to training records by other individuals shall be limited to staff who have positional authority and a legitimate need to access the employee's training record.		DOC Training Records Manager
4	An employee who has a CI # may review their training record on the State SABHRS system.		Employee
5	Quarterly training reports will be sent to respective administrators and Training Specialists. The training records will be reported on a fiscal year basis July 1 – June 30. The quarterly reports will be created and distributed electronically or hard copy. Administrators and Training Specialists will receive these reports October January, April and July.		DOC Training Records Manager
6	STC Members may request special training reports (number of attendees for a course, list of employees who attended a course, etc.) by contacting the DOC Records Manager in person, by email, written request or telephone.		DOC Training Records Manager

The Staff Development and Training Bureau and Division/Facility/Program Training Specialists will establish and maintain resource libraries that provide employees access to self-study materials.

STAFF LIBRARY:

1. Staff libraries shall have a check out system to track the loaning and return of the materials.
    a. Staff failing to return checked out materials will receive a past due notice advising them to return the materials within two weeks or they will be responsible for replacement costs.
    b. Staff failing to return the materials within 60 days of written past due notice shall be assessed replacement cost through payroll.
2. At a minimum staff libraries should include the following:
    a. A library lending service that complements the training and staff development program;
    b. Reference and loan program that permits Department staff to use books, VHS, DVD and CD resources from all Department libraries;
    c. Publications collected from existing materials; and
    d. Appropriate publications acquired through regular budget requests that will enable staff to stay in touch with contemporary correctional standards, operations, and trends.

	PROCEDURE:		RESPONSIBILITY:
1	Employee will review library list posted on the DOC Intranet http://mycor.cor.mt.gov/Human_Resources/Training/Library.pdf. Employee will contact the Training Specialist via phone or email to check out resource.		Employee
2	Training Specialist will check out the resource to the employee by completing the loan card with due date and name of employee. Due date of material is 30 days from the date of check out. Training Specialist will mail to employee via interdepartmental mail or US Priority mail.		Training Specialist

3	Employee will return the resource to the DOC Training Center on or before the 30 day due date. Employee is responsible for material and will not loan out to other DOC staff.		Employee
4	If the employee has not returned the material within the 30 days, the Training Specialist will contact the employee by memo via mail or email notifying the employee they must return the material by the next due date. The second due date is 60 days from the date of check out.		Training Specialist
5	If the employee does not return the material or notifies the Training Specialist the material is lost, the Training Specialist will submit an invoice to payroll for the cost of replacement.		Training Specialist
6	Payroll will deduct the invoice amount from the employee's payroll and credit into the DOC Training organization fund.		Payroll